

COVID-19 Vaccine Administration Record Please Print

Section 1: Vaccine Recipient Information

| Recipient Name: | | | | | |
|--|--|--|--|---|--|
| Last | | First | | M.I. | |
| Address: | | | | | |
| Street | City | | State | Postal Code | |
| Date of Birth: / / | Age: | Gender: | ☐ Male | Female | |
| Phone Number: | | | | | |
| Primary Healthcare Provider: | | | | | |
| Section 2: Screening for Vaccine Has the person listed above previ If yes to above, indicate the Co Vaccine Brand Administered (P | ously received COVID-19 OVID-19 vaccine previous | sly received: | _ | | |
| Date first dose administered: Month: | | Day | Ye | ear | |
| Date second does administered: | Month | Day | | /ear | |
| Section 3: Insurance Please provide medical insurance Insurance Name: | | • | | | |
| Social Security Number: | | Cardholder Na | me: | | |
| Relationship to Vaccine Recipient | : | | | | |
| Section 4: Consent I have read or have had explained Factsheet or Vaccine Information were answered to my satisfaction be administered to me or to the p | Statement about COVID I. I understand the benef person named above for | -19 vaccine. I haits and risks of (whom I am aut | ave had a chand COVID-19 vacci horized to make | ce to ask questions that ne and ask that the vaccin e this request. | |
| Signature: | | L | Jate | | |
| | Healthcare Pro | vider Use Only | | | |
| Date Vaccine Administered: | | Injection | Site (Deltoid): | Left Right | |
| | ne Administered: Injection Site (Deltoid): Left Right rer: Lot Number: Exp: | | | | |
| Administered by Print: | | | | | |
| COVID-19 Vaccine EUA FACT | | | | | |